United States District Court

for the

District of Wyoming				
UNITED STATES OF AMERICA,)			
EX REL. MARK GASKILL)			
D1 1 100()	_)			
Plaintiff(s)	Civil Action No. 16-cv-201J			
V.				
DR. GIBSON CONDIE; BIG HORN BASIN MENTAL HEALTH GROUP; NORTHWEST COMMUNITY)			
ACTION PROGRAM OF WYOMING, INC. AKA				
(NOWCAP); ACUMEN FISCAL AGENT,	_)			
Defendant(s))			
SUMMONS IN A CIVIL ACTION				
To: (Defendant's name and address) ACUMEN FISCAL AGENT, LLC,				
Defendant corporate office: 4542 E. Inverness Ave Suite 210, Mesa, AZ 85206				
A lawsuit has been filed against you.				
Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are: Robert D. Sherlock EISENBERG, GILCHRIST & CUTT 215 South State Street, Suite 900 Salt Lake City, Utah 84111 Telephone 801-366-9100 rsherlock@egclegal.com				
If you fail to respond, judgment by default wi You also must file your answer or motion with the cou	ll be entered against you for the relief demanded in the complaint. urt.			
	CLERK OF COURT			
Date:				
	Signature of Clerk or Deputy Clerk			

AO 440 (Rev. 06/12) Summons in a Civil Action (Page 2)

Civil Action No. 16-cv-201J

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (1))

	This summons for (name of individual and title, if any)	Acumen Fiscal Agent, LLC		
was re	ceived by me on (date)			
	☐ I personally served the summons on the individ	dual at (place)		
		on (date)	; or	
	☐ I left the summons at the individual's residence or usual place of abode with (name)			
	, a person of suitable age and discretion who resides there,			
	on (date), and mailed a copy to the individual's last known address; or			
	☐ I served the summons on (name of individual)	National Registered Agents, Inc. , who is		
	designated by law to accept service of process on	behalf of (name of organization)	Acument Fiscal Agent LLC	
		on (date)	; or	
	☐ I returned the summons unexecuted because		; or	
	☐ Other (specify):			
	My fees are \$ for travel and \$	for services, fo	or a total of \$	
	I declare under penalty of perjury that this inform	ation is true.		
Date:		Server's signature		
		Printed name	and title	
		17 med name	and me	
		Server's ac	ddress	

Additional information regarding attempted service, etc: